

**US ARMY NONAPPROPRIATED FUNDS - DISPOSITION OF RETIREMENT BENEFITS**

For use of this form, see AR 215-3; the proponent agency is DCS, G1.

**DATA REQUIRED BY THE PRIVACY ACT OF 1974****AUTHORITY:** Internal Revenue Service Code, Section 401(a).**PRINCIPAL PURPOSE:** The information you provide is for the purpose of preparing a refund of contribution or to process a retirement annuity.**ROUTINE USES:** For terminating employees, the information is used to prepare a refund or a deferred annuity as requested. For retiring employees, the information is used to process a monthly annuity payment thereafter. For survivors, the information is used to process survivor benefits.**DISCLOSURE:** Disclosure of your social security number and primary insurance amount is voluntary. Disclosure of other personal information is voluntary, however, failure to provide this information within one year of termination of employment will result in automatic refund of contributions and denial of annuity.**SECTION I - GENERAL INFORMATION**

1. EMPLOYEE'S NAME (Last, first, MI)		2. SOCIAL SECURITY NUMBER	3. DATE OF BIRTH (YYYYMMDD)
4a. COMPLETE MAILING ADDRESS		4b. E-MAIL ADDRESS	
5a. AREA CODE/TELEPHONE NUMBER	5b. FAX TELEPHONE NUMBER	6. SERVICE COMPUTATION DATE (YYYYMMDD)	
7. DATE OF SEPARATION AND REASON (YYYYMMDD)		8. ACCUMULATED SICK LEAVE HOURS	
9. EMPLOYING NAF:		10. STANDARD NAF NUMBER	
11. MARITAL STATUS <input type="checkbox"/> NOT MARRIED <input type="checkbox"/> MARRIED		12. NAME OF LEGAL SPOUSE (Last, First, MI) <hr/>	
13. SOCIAL SECURITY NUMBER OF LEGAL SPOUSE <hr/>		14. DATE OF BIRTH OF LEGAL SPOUSE (YYYYMMDD) <hr/>	15. DATE OF MARRIAGE (YYYYMMDD) <hr/>

The date of marriage has been verified by satisfactory evidence and the benefit authorized. A certified copy of the Death Certificate and Statement of Survivor's Social Security Entitlements are attached.

***Annuity Benefits resulting from the death of the employee are payable in accordance with the Army NAF Retirement Plan.***

**SECTION II - RETIREMENT FUND OPTIONS**

16. CHECK ONE:

In accordance with AR 215-3

() I request a refund of my contributions and accumulated interest in full satisfaction of all annuity payable.  
 () I request my contributions remain in deposit for a maximum of 5 years.  
 () I request an immediate Annuity (Normal or Early Retirement).  
 () I request a Deferred Annuity payable at age 62.  
 () I request Disability Retirement.  
 () I request Disability Retirement due to work related injury.  
 () I request Survivor Benefits.

**SECTION III - EMPLOYEE'S OR SURVIVOR SIGNATURE**

17. SIGNATURE OF EMPLOYEE/SURVIVOR	18. DATE (YYYYMMDD)
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**SECTION IV - VERIFICATION AND CPU MAILING ADDRESS AND SIGNATURE**

19. The above information has been verified from the employee's personnel records and DA Form 3473 coded 04 is attached.

a. CPU SIGNATURE	b. DATE (YYYYMMDD)
c. MAILING ADDRESS	d. E-MAIL ADDRESS

**DO NOT USE - FOR OFFICIAL USE ONLY**

20. DATE RECEIVED (YYYYMMDD)	21. DATE PROCESSED (YYYYMMDD)	22. PROCESSED BY
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